## HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P Street ... Sacramento, CA 95814

## **UNIFORM HAZARDOUS WASTE MANIFEST**

(Pleas	e prim or type with ELITE type (12 characters per inch).			EID NUMBER 8226540				
	GENERATOR NAME AND MAILING ADDRESS			MANIFEST DOCUMENT NUMBER				
İ	1 4 5 6 7 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Oil & Solvent Process Company		EPA ID NU				
	1704 W. First Street Tel-213 334-5117 AREA CODE/PHONE NUMBER Azusa, Ca. 91702		CA IDIO	08:3	10 12 191	03	1 1 1	
	TRANSPORTER NO. 1		CONTAINER	10.		NUMBE	R	
-	Oil & Solvent Process Company							
	AZUSA, CA TRANSPORTER NO. 2/ALTERNATE TSD FACILITY  05 10 161 21 331 1				EPA ID NUMBER			
	LIAID NOWIDER							
İ								
	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY Omega Chemical Company				SPA ID NUMBER			
	12504 E. Whittier Blvd Tel-213 698-0991 C AD 042 245 0 0 1							
Ö.	1 west 4 4				1D 042 <del> D-101-08</del>	245 ( 1 <del>31-0</del> 6	ንሀገ ነ	
RAT	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUME NUME	VA	TOTAL QUANTITY	UNIT WT/VOL	CONTAIN	ER	WASTE CAT. NO.	
TO BE-PILLED IN BY THE GENERATOR		) EN	COANTITY	WITVOL	NO. T	1	XIII	
	Orm-e Hazardous Waste Liquid N.O.S. U  N9   1	. 0. 00	12,5,0	G	0   2   5   1	лм 2.1		
		10 30	<u>/                                     </u>	<u> </u>	0 2 3 1	111 41	14/0/2	
		harlan				.   .		
	COMPONENTS	Jen Just	(%).	CONC.	RANGE		UNITS	
				UPPER	LOWER	-   %	ppm	
	Trichlortriflouoroethane		1 /3	98	94	X		
			13 - 1 -			_		
	Methanol/Ethanol	-		2	0	X		
	Collica							
	Water/Dirt/Oil	î - "	The same	2	0	X		
	SPECIAL HANDLING INSTRUCTIONS						L	
	Gloves & Goggles-Make sure Bungs are tight & Drums are not Leaking.							
	This is to cartify that the above parent materials							
	This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.							
	Betty Peckham Mo. DAY YR.							
	PRINTED OR TYPED FULL NAME AND SIGNATURE  Betty Peckham				1  2	20	82	
	CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS							
TO BE FILLED IN BY TRANSPORTER	TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS.  DATE REC'D & ACCEPTED							
	Partie of Science OpivER)							
	PRINTED OR TYPED FULL NAME AND SIGNATURE () AUID & SA				MO.	DAY	YR.	
	TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS  DATE REC'D & ACCEPTED							
BE F								
5 t					MO.	DAY	YR.	
	PRINTED OR TYPED FULL NAME AND SIGNATURE DISCREPANCY INDICATION SPACE		· · · · · · · · · · · · · · · · · · ·					
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DF.	The same of the sa							
BE FILLE	C. ODE							
TO BE FILLED IN BY TSDF	Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted In the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.							
₽ =	Im Bolteria EPAID NUMBER MO. DAY YR.							
	PRINTED OR TYPED FULL NAME AND SIGNATURE (CA DO 14 2 2 4 5 0 0 1 1 2 2 0							
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